FOR INSTRUCTIONS, SEE BACK OF FORM

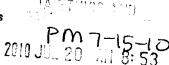
DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form



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COMMITTEE NAME (Must be same as on Statement of	f Organization)	l —		
Muscatine County Democratic Party	- 1 1	DR-2 DISCLOSURE		
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candid (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) S11) Local Ballot Issue	date (2)State PAC (3)State Party Candidate (7)School Board or Other Political	(F	Rev. 12/2009) or Office Use On	7141
CANDIDATE COMMITTEES ONLY:		Lo	ogged In MW	
Candidate Name	Political Party (if applicable)	S	canned	
Office Sought	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalticandidate's committee, and the chairperson, for any other ty	es. Pursuant to Iowa Code sections 68B.32A(pe of committee, is the individual responsible	7) and 68/ for filing ti	A.401(3), the camely and accum	ndidate, for a atte reports.
James Beach	563-263-7588		7-15-2	010
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		7-15-2 DATES	IGNED
I AM FILING A	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YE	AR.
(report date)	Indicate by #			
☐CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach N (You must continue to file reports until a DR-3	otice of Dissolution Form DR-3.		ocal Committees tion is held	, enter County in
STATEMENT OF CASH ON	HAND			
CASH ON HAND at the beginning of the reporting perio committee. This amount MUST be the same a of the last reporting period or must be zero if the	is the cash on hand at the end	\$	5,389.79	
ADD TOTAL MONEY TAKEN IN THIS PERIO	OD .			
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)		554.50	
Schedule F: Loans Received total (Attach Sch	nedule F)	•••••		
Schedule H: Total Sales of Campaign Propert	y (Attach Schedule H)			
(Schedule H applies to Candidates	Committees Only) SUB-TOTAL	\$	5,944.29	
SUBTRACT TOTAL MONEY SPENT THIS P	ERIOD			
Schedule B: Expenditures total (Attach Sched	ule B) (**also see debts and loans below)		675,00	
Schedule F: Loan Repayments total (Attach S	ichedule F)			
CASH ON HAND at the end of this reporting period (if fi	nal report balance must be zero)	\$	5,269.29	
**UNPAID BILLS (From Schedule D - Attach Schedule	D)	\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attack	Schedule E)	\$	13.10	
**OUTSTANDING LOANS (From Schedule F - Attach S				
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule I	1 - Attach Schedule H)	\$	***************************************	
STATE COMMITTEES: Submit a reconciled campaign	account bank statement in January of each	ı year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization)		CHECK THIS BOX	
Muscatine County Democratic Party			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	√ IF FOR FUND- RAISER INCOME
05/31/2010	ID# CK#	Karl Reichert 3402 Tipton Rd. Muscatine IA 52761		\$5.00	
06/30/2010	ID# CK#	Karl Reichert 3402 Tipton Rd. Muscatine IA 52761		5.00	
06/01/2010	ID#	Sally Meisinger 2111 Bidwell Rd. Muscatine IA 52761		5.00	
07/01/2010	ID# CK#	Sally Meisinger 2111 Bidwell Rd. Muscatine, IA, 52761		5.00	
06/01/2010	ID# CK#	Betty McMahon 3111 - 180th St. Muscatine IA 52761		10.00	
07/01/2010	ID# CK#	Betty McMahon 3111 - 180th St. Muscatine IA 52761		10.00	
06/01/2010	ID#	Dave & Carol Bradley 520 E. 3rd St. West Liberty IA 52776		15.00	
07/01/2010	ID# CK#	Dave & Carol Bradley 520 E. 3rd St. West Liberty IA 52776		15.00	
06/21/10	ID# CK#	unitemized contributions - meeting		54.50	
07/13/10	ID# CK#	Iowa Democratic Party 5661 Fleur Dr. Des Moines IA 50321		380.00	
			SUB-TOTAL	\$ 504.50	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

SCHEDULE

MONETARY

Reset Form

For Instructions, See Back of Form

For Instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Muscatine County Democratic Party			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/13/10	ID# CK#	Dave White 1299 Elder Ridge Rd.		\$50.00	
	ID#	West Liberty IA 52776			
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	1	1	SUB-TOTAL	\$ 50.00	
		TOTAL (if last pag	e of this schedule)	\$ 554.50	

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(for Schedule A)